

tion at the Jefferson Maternity, Philadelphia, for some months after operation. No movement could be detected in the joint. The patient after her recovery was fully able to do domestic work of all kinds. A measurement of the pelvis taken after recovery showed a slight increase of 0.5 cm. between trochanters, 1 cm. in the external conjugate, and 0.75 cm. in the internal conjugate.

The second symphysiotomy was done on a young primipara of poor development and unstable nervous system, who was between the seventh and eighth months of pregnancy. Urine showed albumin, a low percentage of urea, but no casts. Pelvic diameters were as follows: Anterior superior spines, 22.5 cm.; crests, 25 cm.; transverse, 27 cm.; external conjugate, 19 cm.; internal conjugate, 9.5 cm. Labor was induced for symptoms of immediate toxæmia. After a long first period of labor, the head not engaging, notwithstanding the use of Barnes' and McLean's dilators, symphysiotomy was performed by the same method as in the previous case. The child presented in the right occipito-posterior position and presentation, and was extracted by the use of Simpson's forceps with axis-traction tapes. No rotation of head occurred, the child being born in the original position without injury to pelvic floor. Both mother and child made a good recovery, the only complication being an eclamptic attack in the mother eighteen hours after delivery.

As a contrast to the foregoing, the author reports a case in which instead of symphysiotomy, the Säger-Cæsarean section was necessary. Here the patient was an apparently perfectly developed woman, but who, although five times pregnant, had given birth to but one living child. Pelvic measurements were as follows: A. S. S., 23; Cr., 30; Tr., 29.5; E. C., 19.5 cm. The pelvis was funnel-shaped, the cavity narrowing very appreciably toward the outlet. The child presented by the breech. After consultation, the Cæsarean operation was chosen and performed, and a large female child weighing 11.75 pounds, and 52 cm. long, was safely delivered. The mother's convalescence, although complicated by a serious cough following grippe, and a small stitch abscess, was good. The author concludes that, in cases in which the foetus is disproportionate in size to the mother's pelvis—and in which, after spontaneous efforts have failed to secure engagement of the presenting part, these efforts have been supplemented by a thorough examination under anæsthesia, and a fair trial to secure engagement by manipulation and suprapubic pressure—if the foetus be living and in good condition, it is the duty of the physician to refrain from applying the forceps, and to deliver the patient either by symphysiotomy or the Cæsarean operation.

MELÆNA NEONATORUM.

GARTNER (*Archiv für Gynäkologie*, 1893, B. xlv., H. 2), in an article on the above-named subject, concludes that it is an infectious disease, the mode of entrance and the course of the germ not being certain. He believes, however, that the navel is the entrance point. All observations made on cases, and researches on the lower animals, show that first a peritonitis comes, and to this are joined the intestinal affection, the bleeding, and the general infection of the body. Various cultures made from intestinal contents on agar and

gelatin plates or otherwise, with inoculation of the results into guinea-pigs and puppies, give identical results in the bodies of these after death, and the results were apparently those found in children dead from the disease in question. The bacillus showed motion around its transverse axis, and on gelatin, pin-headed spores sharply outlined with concentric rings could be seen. These were gas-producing and had lateral processes (whips), and can be distinguished from gas-forming bacilli, typhus bacilli, and the bacillus coli commune.

THE FIMBRIAL CURRENTS AND MIGRATION OF THE OVUM.

HEIL (*Archiv für Gynäkologie*, 1894, B. xliii., H. 3) refers to the various views of many authors and his reasons for differing from many of them. He details the results of twelve experiments made by himself on rabbits. Having opened the peritoneal cavity, he injected a solution of sodium chloride containing powdered charcoal into the cavity. In some cases the injection was made into the whole cavity; in others into peritoneal pockets. In all experiments the results were similar. Minute particles in close proximity to the current of the cilia of the fimbriated end were swept into the infundibulum or into the tube. Corpuscles more remote were not affected. Ova, even if brought very near, remained immovable. In conclusion, the experimenter thinks that proof is wanting of a constantly acting fimbrial current able to move ova lying on the peritoneum to the abdominal mouth of the tube, and he doubts also if this can be certainly established experimentally. Many impulses are to be considered in the migration of the ova. If the fimbria embrace the follicle, the case is very simple. If the ova escape near it in the narrow space between the end of the tube, ovarian capillarity, aided by the escaping fluid from the follicle, may drive the ovum into the tube. If the ovum falls into the general peritoneal cavity, it is usually lost, unless by chance it drops within the reach of the cilia, or be floated thereto by the peritoneal serum.

TEMPERATURE RELATIONS IN THE FIRST WEEK OF LIFE.

FEIS (*Archiv für Gynäkologie*, 1894, B. xliii., H. 3) contributes the results of a series of observations on the relations of temperature during the first week of infantile life. On 25 children he made 2921 observations, using a maximal thermometer, in all cases the temperature being taken in the rectum, carefully avoiding the introduction of the instrument into any fecal mass. So far as possible the observations were made under similar circumstances. The thermometer was retained fifteen minutes. The temperature of both mother and child was taken at the same time. The tables show that the child's temperature exceeded the mother's by about 0.6° C., the sex of the child making little difference. Marked immaturity of the child seemed accompanied by a slightly lower temperature. Immediately after birth a rapid fall of from 0.86° C. to 1.7° C. takes place, chiefly through the skin; depending on the temperature of the outer air and also on the bath. Then comes a more or less rapid rise, till within about thirty-six hours the norm is reached. The amount of food absorbed by the child seems to have some influence on the temperature augmentation.